

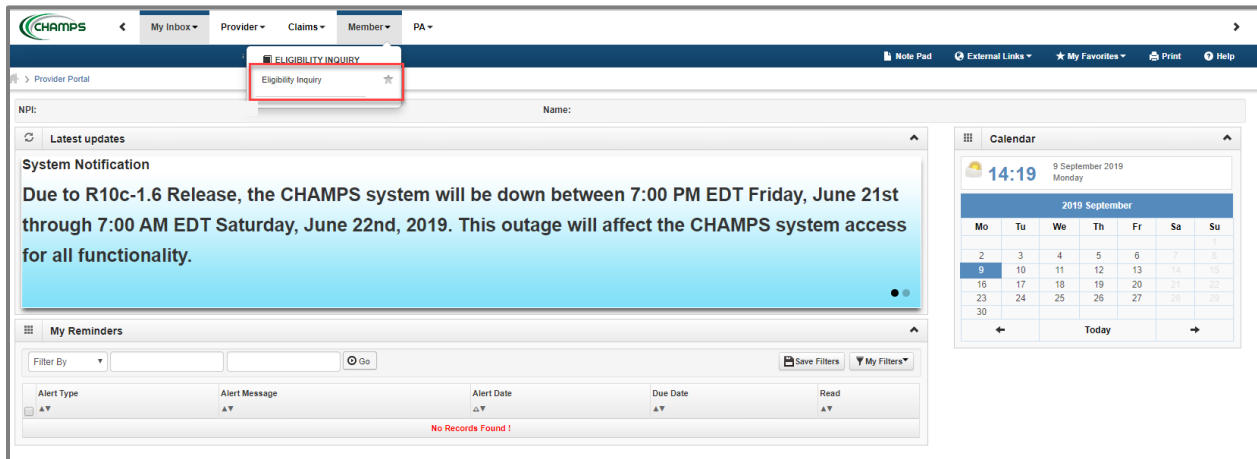
Dental Provider Tip: CHAMPS Eligibility Pregnancy Verification

Checking Beneficiary Eligibility

Per [MSA 18-18](#) the Michigan Medicaid Health plans are responsible for services rendered to pregnant woman, for the entire pregnancy and three months postpartum.

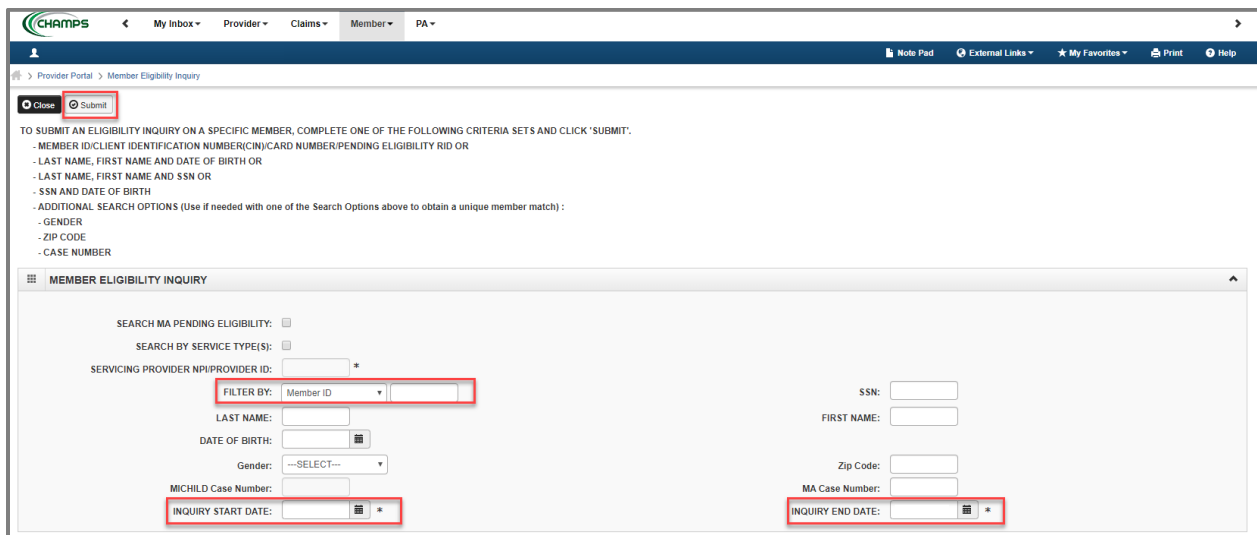
Pregnancy Eligibility can be verified by following the steps below:

- Click the Member Tab, Select Eligibility Inquiry



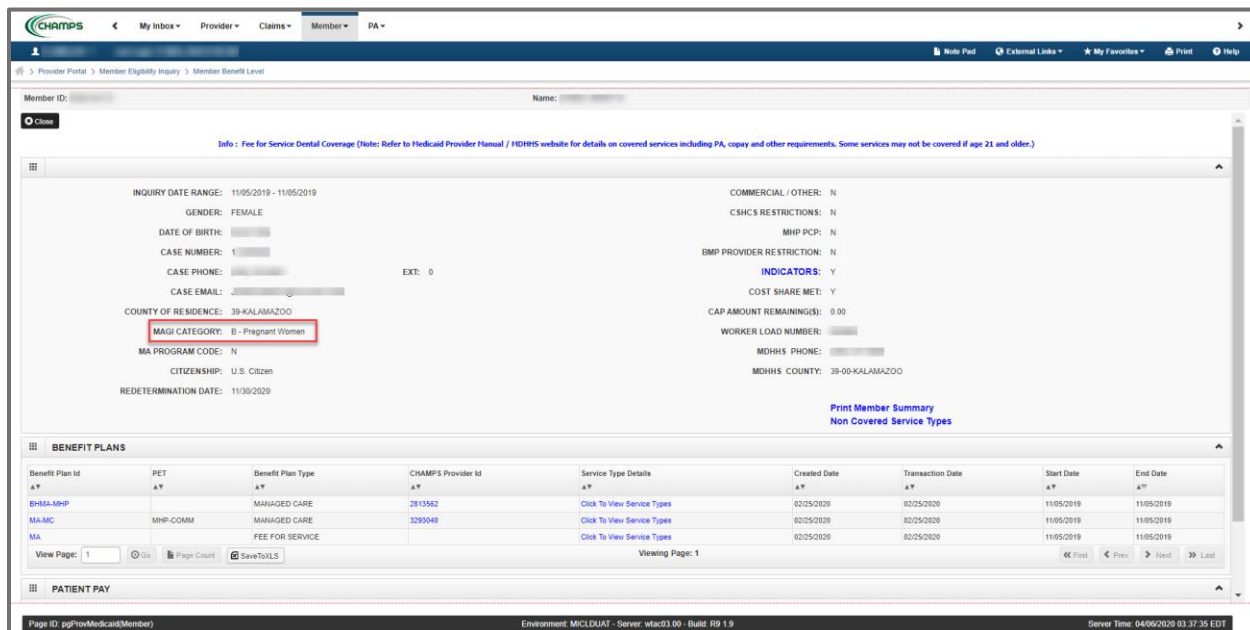
The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The 'Member' tab is selected, and a dropdown menu shows 'Eligibility Inquiry' as the chosen option. Below the navigation bar, there is a 'System Notification' section with a message about a system outage on June 21st and 22nd, 2019. To the right, there is a 'Calendar' widget showing the date 9 September 2019. Below the notification, there is a 'My Reminders' section with a table of reminders, but it shows 'No Records Found!'. The bottom of the page has a 'Filter By' section with various criteria and a 'Go' button.

- Filter By Member ID, Inquiry Start and End Date, Click Submit



The screenshot shows the 'MEMBER ELIGIBILITY INQUIRY' form in the CHAMPS Provider Portal. The form has a 'Close' button and a 'Submit' button. Below the buttons, there is a list of criteria to complete for an eligibility inquiry: MEMBER ID/CARD NUMBER/PENDING ELIGIBILITY RID OR LAST NAME, FIRST NAME AND DATE OF BIRTH OR LAST NAME, FIRST NAME AND SSN OR SSN AND DATE OF BIRTH. There are also checkboxes for 'SEARCH MA PENDING ELIGIBILITY' and 'SEARCH BY SERVICE TYPE(S)'. The form includes several input fields: 'SERVICING PROVIDER NPI/PROVIDER ID', 'FILTER BY' (set to 'Member ID'), 'LAST NAME', 'DATE OF BIRTH', 'Gender' (set to '--SELECT--'), 'MICHILD Case Number', 'INQUIRY START DATE', 'SSN', 'FIRST NAME', 'Zip Code', 'MA Case Number', and 'INQUIRY END DATE'. The 'INQUIRY START DATE' and 'INQUIRY END DATE' fields are highlighted with red boxes.

- To identify that a woman is pregnant or within her postpartum phase of pregnancy, look at the MAGI Category with the Member Benefit Screen.



Member ID: [REDACTED] Name: [REDACTED]

Info : Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual / MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 11/05/2019 - 11/05/2019

GENDER: FEMALE

DATE OF BIRTH: [REDACTED]

CASE NUMBER: 1

CASE PHONE: [REDACTED] EXT: 0

CASE EMAIL: [REDACTED]

COUNTY OF RESIDENCE: 39-KALAMAZOO

MAGI CATEGORY: B - Pregnant Women

MA PROGRAM CODE: N

CITIZENSHIP: U.S. Citizen

REDETERMINATION DATE: 11/30/2020

COMMERCIAL / OTHER: N

CSHC'S RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

INDICATORS: Y

COST SHARE MET: Y

CAP AMOUNT REMAINING(S): 0.00

WORKER LOAD NUMBER: [REDACTED]

MDHHS PHONE: [REDACTED]

MDHHS COUNTY: 39-00-KALAMAZOO

[Print Member Summary](#)
[Non Covered Service Types](#)

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
BHMA-MHP	A-T	MANAGED CARE	2813562	Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019
MA-MC	MHP-COMM	MANAGED CARE	3293040	Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019
MA		FEE FOR SERVICE		Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019

View Page: 1 | Page Count: 1 | Save To TOLS

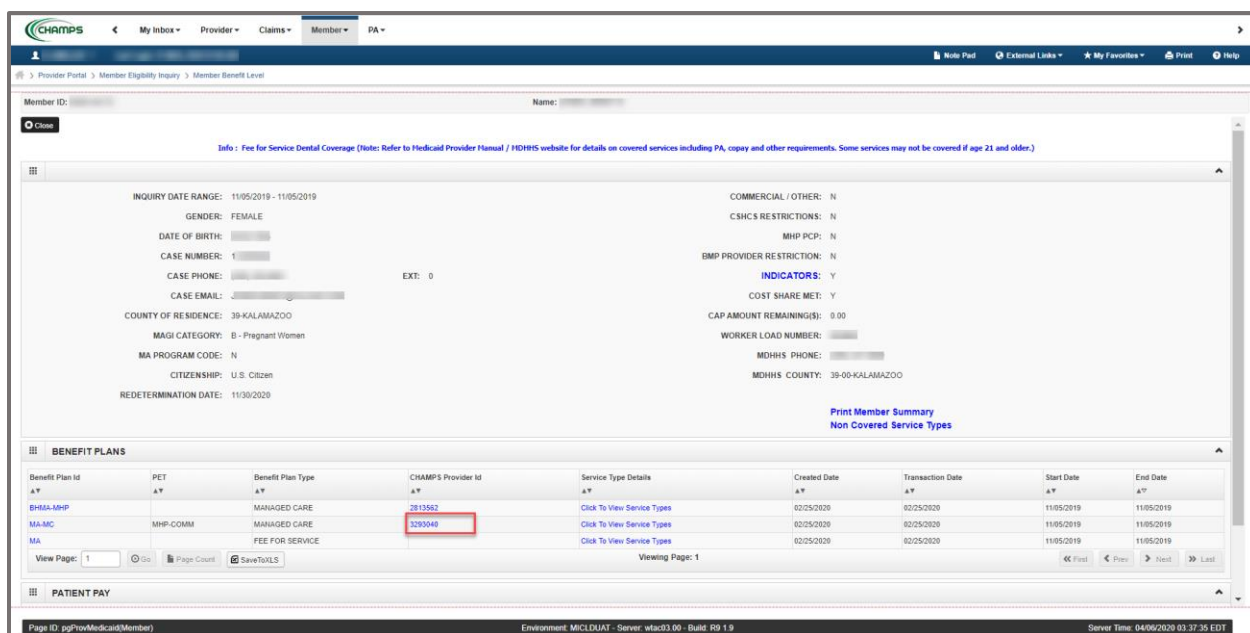
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PATIENT PAY

Page ID: pgfProvMedicaid(Member) Environment: MICLDAUT - Server: vta03.00 - Build: R9.1.9 Server Time: 04/09/2020 03:37:35 EDT

NOTE: When a beneficiary is pregnant the blue "Info" section at the top of the screen does not apply

- Once its identified that a beneficiary is pregnant or in their postpartum period, click on the CHAMPS Provider Id associated to the MA-MC.



Member ID: [REDACTED] Name: [REDACTED]

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INQUIRY DATE RANGE: 11/05/2019 - 11/05/2019

GENDER: FEMALE

DATE OF BIRTH: [REDACTED]

CASE NUMBER: 1

CASE PHONE: [REDACTED] EXT: 0

CASE EMAIL: [REDACTED]

COUNTY OF RESIDENCE: 39-KALAMAZOO

MAGI CATEGORY: B - Pregnant Women

MA PROGRAM CODE: N

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COMMERCIAL / OTHER: N

CSHC'S RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

INDICATORS: Y

COST SHARE MET: Y

CAP AMOUNT REMAINING(S): 0.00

WORKER LOAD NUMBER: [REDACTED]

MDHHS PHONE: [REDACTED]

MDHHS COUNTY: 39-00-KALAMAZOO

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MA-MC	MHP-COMM	MANAGED CARE	3293040	Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019
MA		FEE FOR SERVICE		Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019

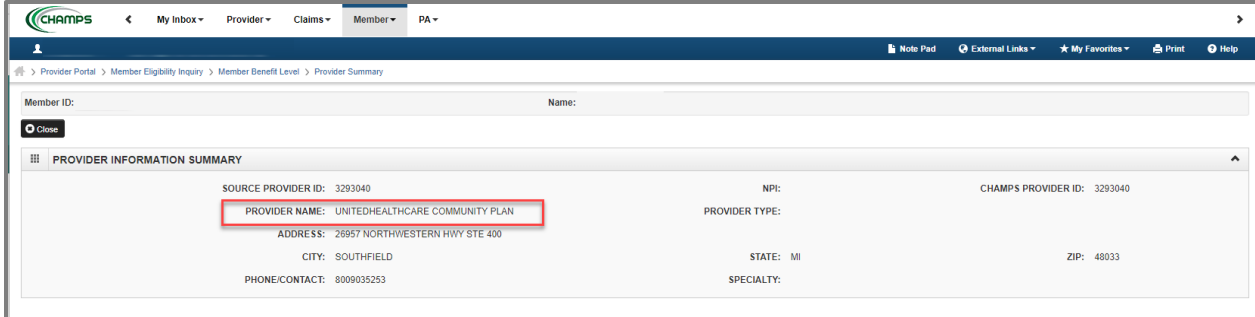
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- This will allow the MA-MC plan to be identified



The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this, a breadcrumb trail reads: 'Provider Portal > Member Eligibility Inquiry > Member Benefit Level > Provider Summary'. The main content area is titled 'PROVIDER INFORMATION SUMMARY'. It contains a table with the following information:

SOURCE PROVIDER ID: 3293040	NPI:	CHAMPS PROVIDER ID: 3293040
PROVIDER NAME: UNITEDHEALTHCARE COMMUNITY PLAN	PROVIDER TYPE:	
ADDRESS: 26957 NORTHWESTERN HWY STE 400	STATE: MI	ZIP: 48033
CITY: SOUTHFIELD	SPECIALTY:	
PHONE/CONTACT: 8009035253		

Per letter [L 19-05](#), once the managed care plan has been identified, the Medicaid Health Plan's (MHP) dental benefit manager should be utilized.